

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033410

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

89773

FILED SEP 12 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY

c. CITY
OR
TOWN **St. Louis**

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Homer G. Phillips Hosp**

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS (If outside, give location)
3814 Cook Ave.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First
Margaret

Middle

Last
BARNES

4. DATE
OF
DEATH

Month Day Year
Sept. 4, 1963

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐

Widowed ☒

Never Married ☐

Divorced ☐

8. DATE OF BIRTH

Unk abt 99

9. AGE (last birthday)

Unk abt 64

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

St. Louis Co., Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Smith

13b. MOTHER'S MAIDEN NAME

Cythnia White

14. NAME OF HUSBAND OR WIFE

Wm. Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

9

17. INFORMANT

Laura Henderson, 3814 Cook Ave.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Diabetic Come

INTERVAL BETWEEN
ONSET AND DEATH
9 wks

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Diabetes Mellitus

9 wks

DUE TO (c)

260X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY, Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

COUNTY

STATE

21. I attended the deceased from **7/1/63** to **9/4/63** and last saw her alive on **9/4/63**
Death occurred at **11:30** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS

22c. DATE SIGNED

M.D.

822a N. Jefferson

9/5/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

9/7/63

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Cunningham & Moore, 2405 Marcus

25. DATE RECD. BY LOCAL REG.

SEP 6 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

STATEMENTS BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John T. Cunningham

Licensed Embalmer No. **4476**

P. O. Address **2405 Marcus**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.